



Agenda

Date: August 27, 2019 **Time:** 1:00-2:00pm **Location:** Zoom - Virtual

Leadership Board

Iowa Healthcare Collaborative	<u>Jennifer Brockman</u>	<u>Matt Pitlick</u>	<u>Dino Omerhodzic</u>
Iowa Pharmacy Association	<u>Anthony Pudlo</u>	<u>Amanda Abdulbaki</u>	
Iowa Department of Public Health	<u>Kevin Gabbert</u>	<u>Megan Hartwig</u>	<u>Gerd Clabaugh</u> <u>Deann Decker</u>
Iowa Medical Society	<u>Mike Flesher</u>	<u>Kady Reese</u>	-
Iowa Rural Development Council	<u>Bill Menner</u>	-	-
Iowa Primary Care Association	<u>Aaron Todd</u>	-	-

Zoom Webinar Meeting Invite: Join URL: <https://zoom.us/j/235205288>

- 1:00 pm** Introductions and Attendance – Matt Pitlick and Dino Omerhodzic
- 1:05 pm** Welcome and Updates
- MOU – Submitted and Approved
- 1:15 pm** Deliverables & Workplan - Jennifer Brockman & Dino Omerhodzic
- ~~MOU – Due September 1, 2019~~
 - Needs Assessment/Gap Analysis – Due December 1, 2019
 - Strategic Plan – Due January 1, 2020
 - Workforce Plan – Due March 1, 2020
 - Sustainability Plan – Due May 31, 2020

1:25 pm

Building a Consortium

- Overall goal: reducing morbidity and mortality associated with opioid use in our communities by building a cross-sector *community partnership* or *consortium*
- When we are working to bring about change in a community, it's vital to invite a diverse array of stakeholders to the table.
- It is critical that multisector consortia be reflective of the entire community, ranging from executive decision-makers to family members and the recovery community, not just the traditional sectors of the community, such as health care and law enforcement.

***Below, we list both traditional and non-traditional types of partners to consider for our consortium.

- Common challenges according to HRSA
 - Uncertainty or limited understanding that potential members have about the role that they can play in reducing the impact of the opioid crisis
 - Limited availability of key, decision-making stakeholders
 - Limited access to experienced professionals with practical, hands-on expertise

1:35 pm

RCORP Next Steps

- **RCORP – Needs Assessment/Gap Analysis**
 - IHC has collected data that indicates current opioid use: service and care types, locations and utilizations, overdose rates, emergency responses and hospitalizations, prescribing habits, workforce training and capacity, etc.,
 - The board will overlay that information within the defined rural counties and communities
 - Primary function of this multi-disciplinary Consortium will be to conduct detailed analysis and review
 - Diving into data sets and sources, seeking additional information needed, and merging knowledge to generate a comprehensive appreciation for the present condition of OUD in rural Iowa and how best to address these gaps.
 - Ownership and/or access to data necessary to facilitate this analysis will be a consideration in prioritization of the Board commitments.

- 1:50 pm** Leadership Board Deliverables
- Recommendation for larger consortium – please send this list by (insert date here)
 - Next meeting will be an in-person meeting sometime in September – please send your availability to Dino Omerhodzic
- 1:55 pm** Closing Comments and Questions –Jennifer Brockman, Matt Pitlick & Dino Omerhodzic

***Traditional Partners:

- Government agencies
- Health insurance, Medicaid representatives
- Law enforcement, corrections, and prosecutors
- Coroners and medical examiners
- Public health department
- Community health centers
- Fire and Emergency Medical Services and first responders
- Child welfare agencies
- Medical society and prescribers (include dental providers and veterinarians)
- Corrections facilities
- SUD treatment providers (including provider associations)
- Health care providers
- Pharmacists/dispensers
- People who have used drugs, their friends, and/or their loved ones
- Recovery support and advocacy (including recovery community organizations and recovery specialists)
- Political leaders
- Faith-based leaders
- Schools, colleges, and universities
- Employers, business organizations, and vocational assistance organizations
- Media with a community focus and/or interest
- Regional transportation representatives
- Mental health providers and crisis responders
- Social services providers with expertise in housing, food subsidies, and job training, etc.

Non-Traditional Partners (Sometimes-Forgotten Partners with Unique Knowledge):

- Neighborhood organizations
- Senior centers
- Telehealth providers
- Departments of Agriculture and/or Transportation
- Human resources staff
- Broadband providers
- Adult protective services

- Area Agencies on Aging
- Civic organizations
- Youth and youth centers
- Harm reduction providers
- Re-entry groups and formally incarcerated people
- Health groups
- Pre-arrest diversion groups
- Community organizers
- Unions
- Advocacy organizations